Creighton University
Application for Teacher Improvement
Fall/Spring Semesters

THIS FORM MUST BE COMPLETED AND RETURNED TO THE BUSINESS OFFICE WITHIN ONE WEEK AFTER REGISTRATION.

Teachers and school administrators who are employed full-time in a public or private elementary or secondary school and enroll as part-time students at Creighton may receive a tuition discount of 50 percent. The discount is limited to three credit hours per semester (fall and spring) in the following divisions: College of Arts & Sciences, College of Business Administration, School of Nursing, University College, or Graduate School.

An additional tuition discount of 25 percent is available for Catholic school educators who are enrolled in the Graduate School. This additional discount is limited to three credit hours per semester (fall and spring).

The following programs are currently excluded: Master of Business Administration, Master of Science in Information Technology Management, Master of Security Analysis and Portfolio Management, Master of Science in Negotiation and Dispute Resolution, Master of Science in Health Care Ethics, and Interdisciplinary Ed.D. in Leadership.

No other discounts apply. A remission form must be completed each semester.

Student Name: ___________________________ Net ID: ___________________________
(Please print)

Name of Employer: ___________________________ School phone number: ___________________________

Address of employer: ___________________________ Academic Year: ___________________________

Term: ___________________________

Course (Example: EDU 620): ___________________________ Catholic School: ______ Yes ______ No

Spring ___________________________

CERTIFICATION OF SCHOOL OFFICIAL
(To be completed by Superintendent or Principal)

I certify that the above statements concerning ____ teaching or ____ administrative employment are true.

__________________________________________________________
Signature of Superintendent or Principal

__________________________________________________________
Name of School

__________________________________________________________
Title

__________________________________________________________
Date

Return Completed Form To:
Creighton University
Business Office
2500 California Plaza
Omaha, NE 68178
Fax: (402) 280-2373

Approval: ___________________________
Business Office

Date: ___________________________